PART B - FEE(S) TRA Complete and send/this form, togethet with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents FEB 21 2006 P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885 or Fax INSTRUCTIONS: This form should be completed where appropriate. All further correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 7590 12/29/2005 ROSENTHAL & OSHA L.L.P. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. **Suite 2800** 1221 McKinney Street 02/23/2dd8" \$BADINAZ 00000020 10634629 1400.00 DP 01 FC:1501 (Signature) arr 300.00 OP 02 FC:1504 21 2006 (Date) February APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/634 629 08/05/2003 Michael A Siracki 05516.142002 7203 TITLE OF INVENTION: PREFORMED TOOTH FOR TOOTH BIT APPLN. TYPE SMALL ENTITY **ISSUE FEE** PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE NO \$1400 \$300 \$1700 03/29/2006 nonprovisional ART UNIT CLASS-SUBCLASS **EXAMINER** THOMPSON, KENNETH L 3672 175-331000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, Osha Liang LLP (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Houston, Texas 77010 listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Smith International, Inc. Houston, Texas ☐ Individual ☐ Corporation or other private group entity ☐ Government

Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0591 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Typed or printed name _	Jeffrey S. Bergman	Registration No. 45, 925

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FEE TRANSMITTAL				<del></del>		10/634,629-Conf. #7203		
		Filing D	Filing Date		August 5, 2003			
For	FY 2006	5	First Na	med Invento		Michael A. Siracki		
<u> </u>	***************************************		Examine	Examiner Name		K. L. Thompson		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	Art Unit		3672		
TOTAL AMOUNT OF PAYMENT (\$) 1,700.00			Attomey	Attorney Docket No. 05516/142002				
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FEE CALCULATION (A	All the fees t	elow are due up	on filing o	r may be	subjec	t to a surcha	rge.)	
1. BASIC FILING, SEARCH	I, AND EXAM	INATION FEES			-		· · · · · · · · · · · · · · · · · · ·	
			EARCH F		AMINA	TION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$) Fee		Entity (\$) Fe	e (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)
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Design	200	100 10			130	65		
Plant	200	100 30			160	80		
Reissue	300	150 50	-	-	600			
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2. EXCESS CLAIM FEES							Fee (\$)	Small Entity Fee (\$)
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Multiple dependent claims	er 5 (meraamı	s iceissues)					200	100
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Application No. (if known): 10/634,629

Attorney Docket No.: 05516/142002

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